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Declaration

DECLARATION FOR UTILITY OR

DESIGN

PATENT APPLICATION

(37 CFR 1.63)

□ Declaration

PTO/SB/01 (12-97)

002.00120

Schor

COMPLETE IF KNOWN

09/581,651

Unknown

June 15, 2000

Approved for use through 9/30/00. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Attorney Docket Number

First Named Inventor

Application Number

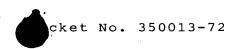
Filing Date

Group Art Unit



Submitted OR	Submitted after Initial	Group Art Unit	Oliklic	JWII							
with Initial Filing	Filing (surcharge (37 CFR 1.16 (e)) required)	Examiner Name	Unkno	own							
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As a below named inventor	r, I hereby declare										
•											
My residence, post office address, and citizenship are as stated below next to my name.											
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:											
POLYPEPTIDES, F	POLYPEPTIDES, POLYNUCLEOTIDES AND USES THEREOF										
1											
the e	, _ , 										
the specification of which is attached hereto	(Title o	of the Invention)									
OR											
was filed on (MM/DD	06/15/2000	as Unite	d States Application	Number or PCT International							
Application Number 09/	/581,651 and was	amended on (MM/DD/YYYY)	(if applicable).							
I hereby state that I have review	ewed and understand the contents of			claims, as							
amended by any amendment	specifically referred to above.		-								
I acknowledge the duty to disc	close information which is material to	patentability as defined in 3	37 CFR 1.56.								
any BCT international applicati	tion which designated at least one c my foreign application for patent or in	ountry other than the United	y PCT international a	nt or inventor's certificate, or 365(a) of listed below and have also identified application having a filing date before							
Prior Foreign Application			Priority Not Claimed	Certified Copy Attached? YES NO							
Number(s)		(MM/DD/YYYY)		_							
9726539.1	GB	12/16/1997									
Additional ferries and the	ion numbers are listed on a supplem	ental priority data shoot DTC)/SB/02B attached b	ereto:							
	der 35 U.S.C. 119(e) of any United S										
Application Number(s)		MM/DD/YYYY)									
			Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.								
			FIOIS								
		(Page 1 of 2)									
		[Page 1 of 2]									

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO:



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DECLARATION—Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.												
U.S. Parent Application or PCT Parent					Parent Filing Date			Parent Patent Number				
	Number				(MN	//DD/YY	/YY)	(if applicable)				
PCT/GB98/03766				12/15/1998								
Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.												
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<u> </u>			Registered practition		e/registr	ation num	ber listed belo	w		Label here		
	Nam	e	Registra Numb		Name					Registration Number		
Braman, Sus Weyand, Ka					Rogalskyj, Peter					3		
Additional re	gistered p	ractitioner(s) named on sur	oplemental Registered	d Practitione	r Inform	ation shee	et PTO/SB/020	attached	hereto.			
Direct all correspondence to: Customer Number or Bar Code Label OR Correspondence address below												
Name	Susan	Susan J. Braman, Esq.										
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further that these	statement	atements made herein of r s were made with the know willful false statements may	vledge that willful false	e statements	s and the	e like so n	nade are punis	shable by	and beli fine or ii	ef are believed to mprisonment, or t	o be true; and both, under 18	
Name of Sole	Sole or First Inventor:											
Given Name (first and middle [if any]) Family Name or Surname												
Seth Lawrer	Seth Lawrence Schor											
Inventor's Signature		Sol C	sdr_		,					Date	14.08.00	
Residence: C	ity	Dundee	State		Co	untry	United K	ingdon	n	Citizenship	GB	
Post Office Ad	dress	Unit of Cell and N	Aolecular Biolog	gy, The D	ental	School	<u>G</u>					
Post Office Ad	idress_	University of Dundee										
City		Dundee State		ZIP	P DD1 4HR Country UK			UK				
Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto												





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ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 1

Name of Additional Joint Inventor, if any:						A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])					Family Name or Surname							
Ana Maria Schor												
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City	Dundee	State			ZIP	DD1 4HR	Country	y UK				
Name of Additional Joint Inventor, if any:									ventor			
Given Name (first and middle [if any]) Family Name or Surname												
Inventor's Signature								Da	te			
Residence: City	State				Country				Citizenship			
Post Office Address												
Post Office Address										<u>.</u>		
City		State	•		ZIP		Cour	ntry				
Name of Addition	al Joint Inventor, if any	:			A petitio	on has been file	d for th	nis unsign	ed inv	ventor		
Given Name (first and middle [if any])					Family Nar	amily Name or Surname						
Inventor's Signature								Dat	te			
Residence: City		State			Country			Citizen	ship			
Post Office Address												
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